Lab Dept:	**Serology**
Test Name:	**ACUTE HEPATITIS PROFILE WITH REFLEX, SERUM**

General Information

Lab Order Codes:	AHEPR
Synonyms:	Acute Hepatitis Panel; Acute Viral Hepatitis
CPT Codes:	80074 – Acute Hepatitis Panel if all four initial tests are performed and 87341 – HBsAG confirmation (if appropriate) 87522 – Hepatitis C, quantification (if appropriate)
Test Includes:	Hepatitis A Antibody IgM (HAVM), Hepatitis B Core Antibody IgM (HBCM), Hepatitis B Surface Antigen (HBAG) with reflex, Hepatitis C Antibody (HEPC) with reflex. Note: Each test can also be ordered individually, see individual listings. Reflex information: If the hepatitis C virus (HCV) antibody result is reactive, then HCV RNA detection and quantification by real-time reverse transcription-polymerase chain reaction will be performed at an additional charge. If the hepatitis B surface antigen result is reactive, then confirmation will be performed at an additional charge.

Logistics

Test Indications:	Aids in the differential diagnosis of recent acute infection.
Lab Testing Sections:	Serology - Sendouts
Referred to:	Mayo Clinic Laboratories (MML Test: AHEP)
Phone Numbers:	MIN Lab: 612-813-6280 STP Lab: 651-220-6550
Test Availability:	Daily, 24 hours
Turnaround Time:	1 – 2 days
Special Instructions:	Heparinized specimens will not be tested.

Specimen

Specimen Type: Blood

Container: SST (Gold or Marble – Red top tubes are NOT acceptable)

Draw Volume: 8 mL (Minimum: 5.7 mL) blood

Processed Volume: 2.7 mL (Minimum: 1.9 mL) serum

Collection: Routine venipuncture

Special Processing: Lab Staff: Centrifuge specimen, remove serum aliquot. Store and ship at frozen temperatures. Forward promptly.

Specimen stable frozen (preferred) for 84 days, refrigerated for 6 days.

Patient Preparation: For 24 hours before specimen collection, patient should not take multivitamins or dietary supplements (e.g., hair, skin, and nail supplements) containing biotin (vitamin B7).

Sample Rejection: Specimens other than serum; lipemia, hemolysis, icteric; mislabeled or unlabeled specimens; heat inactivated specimens

Interpretive

Reference Range:

Hepatitis Bs Ag (HbsAg)	Negative (reported as positive or negative)
Hepatitis Bs Ag Confirmation (if appropriate)	Negative
Hepatitis A Ab, IgM	Negative
Hepatitis Bc Ab, IgM	Negative
Hepatitis C Ab (Anti-HCV)	Negative
HCV RNA Detection and Quantification RT-PCR (if appropriate)	Undetected
Interpretation depends on clinical setting.	

Critical Values: N/A

Limitations:

Consider administration of immune globulin to individuals exposed to patients with hepatitis A.

Consider administration of hepatitis B immune globulin (HBIG) and/or hepatitis B vaccine to individuals exposed to hepatitis B patient's blood or body fluids.

Positive HbsAg and/or positive anti-HAV, IgM test results should be reported by the attending physician to the State Department of Health, as required by law in some states.

Serum specimens from individuals taking biotin supplements at 20 mg or more per day may have false-negative results for anti-HAV IgM, anti-HBc IgM, and anti-HCV Ab, due to interference of biotin with the assay. Such individuals should stop taking these biotin-containing dietary supplements for minimum 12 hours before blood collection for this test.

Performance characteristics have not been established for the following specimen characteristics: icteric, lipemic, hemolysis, containing particulate matter, cadaveric specimens.

Methodology:

HAIGM, HBAG, HBIM, HCVDX, HBGNT: Electrochemiluminescence Immunoassay (ECLIA)

HCVQN: Real-Time Reverse Transcription-Polymerase Chain Reaction (RT-PCR)

References:

Mayo Clinic Laboratories September 2024

Updates:

4/6/2004: Test moved from Memorial Blood Center of Minneapolis to Mayo Medical Laboratories.
7/8/2004: Draw volume changed from 6.0 mL to 7.5 mL. Serum volume was previously 2.0 mL and now is 2.5 mL with a Minimum of 2.0 mL serum/plasma.
3/15/2005: Updated reference link.
11/7/2005: Added to special instructions – heparinized specimens will not be tested.
2/6/2007: Plasma samples no longer acceptable as per Ortho to MML communication.
3/10/2015: CPT update due to new standards requiring Hepatitis C reflex to PCR for confirmation.
8/22/2016: Tube type update.
9/26/2024: Updated specimen volume requirements and rejection criteria, modified display name of test to match the reference lab; added stability, patient preparation, and methodologies; clarified that red top tubes are not acceptable per reference lab.